**Form A****Plaintiff or Filing Attorney Information:**Name STEVE MCLEOD

NJ Attorney ID Number _____

Address 105 ARIEL PLACE, BRICK, NJ 08724Telephone Number 732-892-8146

Superior Court of New Jersey

Division _____ County _____

Part _____

Docket No: _____
(to be filled in by the court)

Civil Action

ComplaintSTEVE MCLEOD

Plaintiff,

v.

COSTCO

Defendant(s).

Plaintiff, STEVE MCLEOD

, residing at

(your name)

105 ARIEL PLACE, City of BRICK(your address) (your city or town) County of OCEAN

(your county)

State Of New Jersey, complaining of defendant, states as follows:

1. On April 21, 2019, COSTCO, Defendant

(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)
LEFT A BROKEN OFFICE CHAIR THAT CUSTOMERS CAN TEST OUT. I SIT IN THE

CHAIR NOT KNOWING THAT IT WAS MISSING WHEELS AND THE CHAIR FLIP ME OVER AND INJURY PLAINTIFF, CAUSING ME BODILY INJURY. I INCURE MEDICAL BILLS PAIN AND SUFFERING.

SUFFERING.

The defendant in this action resides at 465 ROUTE 70, BRICK, NJ 08723

In the County of Ocean (defendant's address)
OCEAN State of New Jersey.
(name of county where defendant lives)

2. Plaintiff is entitled to relief from defendant under the above facts.

Revised 11/17/2014, CN 10553
Revised 11/01/2013, CN 11210.

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3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

1. INJURY TO LEFT LEG, BACK PAIN, RIGHT ARM, AND HAVING HEAD ACHEs.

Plaintiff STILL NEEDED TREATMENTS FOR SUCH INJURIES FROM THIS
ACCIDENT.

2.

Back Injury

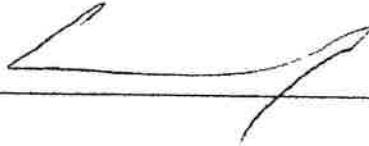
3.

Right Arm.
Head Ache.

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated:

Signature:

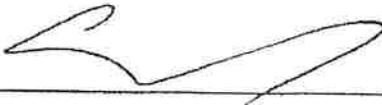


CERTIFICATION OF NO OTHER ACTIONS

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated:

Signature:



OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated:

Signature:



Revised 11/17/2014, CN 10553
Revised 11/01/2013, CN 11210

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SUMMONS

Attorney(s) _____

Office Address _____

Town, State, Zip Code _____

Telephone Number _____

Attorney(s) for Plaintiff _____

STEVE MCLEOD _____

Plaintiff(s) _____

vs.

COSTCO _____

Defendant(s) _____

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.

Michelle M. Smith
Michelle M. Smith, Esq.
Clerk of Superior Court

DATED: 5/12/2021

Name of Defendant to Be Served: COSTCO

Address of Defendant to Be Served: 465 NJ- ROUTE 70, BRICK, NJ 08723